

ARTHROCARE CORPORATION
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Atty. Docket No. A-2-6

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By: [Signature]

BOX PATENT APPLICATION

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D. C. 20231

Transmitted herewith for filing under 37 CFR §1.53(b) is the
☐ patent application, ☐ continuation patent application,
☒ divisional patent application, or ☐ continuation-in-part patent application of

Inventor(s)/Applicant Identifier: **PHILIP E. EGGERS and HIRA V. THAPLIYAL**

For: **SYSTEM FOR TREATING ARTICULAR CARTILAGE DEFECTS**

- ☒ This application claims priority from each of the following Application Nos./filing dates:
09/177,861 / October 23, 1998; 08/795,686 / February 5, 1997; 08/561,958 / November 22, 1995; 08/485,219 / June 7, 1995; 08/059,681 / May 10, 1993; the disclosure(s) of which is (are) incorporated by reference.
- ☒ Please amend this application by adding the following before the first sentence: --This application is a ☐ continuation ☒ division of and claims the benefit of U.S. Application No. 09/177,861, filed October 23, 1998, which is a division of 08/795,686 filed February 5, 1997 which is a division 08/561,958 filed November 22, 1995, the disclosure of which is incorporated by reference.--

Enclosed are:

- ☒ 18 sheet(s) of ☐ formal ☒ informal drawing(s); specification including description, claims and abstract; ☒ title page.
- ☒ A copy of the assignment of the invention to ArthroCare Corporation.
- ☒ A copy of the ☒ signed ☐ unsigned Declaration.
- ☒ A copy of the Power of Attorney by Assignee.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☐ is enclosed ☐ was filed in the prior application.
- ☐ A certified copy of a _____ application.
- ☒ Information Disclosure Statement under 37 CFR 1.97.
- ☒ Preliminary Amendment
- ☒ Notification of change of ☐ power of attorney ☒ correspondence address filed in prior application.
- ☒ Please cancel claim(s) 1-79

(Col. 1)

(Col. 2)

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	30 -20=	* 10
INDEP CLAIMS	2 -3=	*
[] MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY

RATE	FEE
	\$380
X9=	\$
X39=	\$
+130=	\$
TOTAL	\$

OTHER THAN A

SMALL ENTITY

RATE	FEE
	\$760
X18=	\$180
X78=	\$
+260=	\$
TOTAL	\$940

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows:

- ☒ Filing fee
☒ Any additional fees associated with this paper or during the pendency of this application
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

\$ 940.00

☐ A check for \$ _____ is enclosed.
1 extra copies of this sheet are enclosed.

Respectfully submitted,
ARTHROCARE CORPORATION

John T. Raffle, Reg. No.: 38,585

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